## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

		CLAIMS AS	S FILED -	S	SMALL ENTITY			OTHER THAN					
			(Column	THE PERSON NAMED IN COLUMN TWO		lumn 2)		TYPE		OR		MALL ENTITY	
TC	OTAL CLAIMS	; .:			10000000000000000000000000000000000000	9		RATE	FEE	7	RATE	FEE	
FO	R	:	NUMBER	FILED	NUME	BER EXTRA	F	BASIC FEE	355.00	OR			
TOTAL CHARGEABLE CLAIMS			// mir	minus 20= *				X\$ 9=		OR	X\$18=		
	DEPENDENT C		minus 3 = *			T	X40=		OR	Váa	80		
MULTIPLE DEPENDENT CLAIM PRESENT					. 1		t	+135=				C	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	L	+135=		OR	TOTAL	79-0	
CLAIMS AS AMENDED - PART II								IOIAL		Jon			
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENTA	Annal Line (See Long See Long Co. 1988)	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total		Minus	* **		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	***	- C! A!M	=		X40=		OR	X80=		
لنا	FINOTENEOL	INTATION OF INC	JLIIPLE DEF	'ENUCINI	CLAIM			+135=		OR	+270=		
			meen gispresippe toombal die	ali P Gestilangua - estilan	n wyrwy y phry	ke palatina kana na kana ke palatina kana	a entro	TOTAL	· And and and and and	~ ~ .	·TOTAL	r e	
		(Column 1)	ΑĽ	DDIT. FEE			ADDIT. FEE						
<b>8</b>	(A-7) 120	CLAIMS		(Colun	IEST	(Column 3)		<del></del> -	*DDI				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON I	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105	n geg a netra s		.070		
							L	+135= TOTAL		OR	+270=		
										OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	ļ	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	l	Minus	***		=		X40=		t	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-			OR			
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE ADDIT. FEE													
Ť	he "Highest Num	nber Previously Paid	J For" (Total or	Independe	int) is the	highest number	found	in the appr	opriate box	in colu	ımn 1.		